



022004

16562

U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	<i>Attorney Docket No.</i>	A-9764
	<i>First Inventor or Application No.</i>	JERDING ET AL.
	<i>Title</i>	CHANNEL CONTROL SYSTEM FOR EXITING FROM AN INTERACTIVE PROGRAM GUIDE
	<i>Express Mail Label No.</i>	EV447393955US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>17</u> ]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>10</u> ]	<b>ACCOMPANYING APPLICATION PARTS</b>	
4. Oath or Declaration [Total Pages <u>4</u> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (COPY) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 (COPIES) Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	
16. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/590,925 (A-6587) Prior application information: Examiner: Scott E. Beliveau Group Art Unit: 2614		
<b>17. CORRESPONDENCE ADDRESS</b>		
<input checked="" type="checkbox"/> Customer Number or Bar Code 05642 or <input type="checkbox"/> Correspondence address below		
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

<i>Name (Print/type)</i>	SHELLEY M. COUTURIER	<i>Registration No. (Attorney/Agent)</i>	47,503
<i>Signature</i>		<i>Date</i>	FEBRUARY 20, 2004

Docket No.: A-9764

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: JERDING ET AL.  
DOCKET NO.: A-9764  
TITLE: CHANNEL CONTROL SYSTEM FOR EXITING FROM AN  
INTERACTIVE PROGRAM GUIDE

FEBRUARY 20, 2004

**FEE TRANSMITTAL FORM**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	4	3	1	\$ 86.00	\$ 86.00
Total Claims	8	20	0	\$ 18.00	\$000.00
Multiple Dependent Claims				\$290.00	\$000.00
Basic Filing Fee				\$770.00	\$770.00
Total Filing Fee					\$856.00

One duplicate original of this sheet is enclosed.

**SEND CORRESPONDENCE TO:**

Scientific-Atlanta, Inc.  
Intellectual Property Dept., MS 4.3.510  
5030 Sugarloaf Parkway  
Lawrenceville GA 30044

By:

  
SHELLEY L. COUTURIER  
Agent of Record  
Reg. No.: 47,503  
Phone: (770) 236-2352  
Fax No.: (770) 236-4806

**Certificate of Mailing**

**EXPRESS MAIL NO.: EV447393955US**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on FEBRUARY 20, 2004.

  
Maryellen Licker